

Foundation of the Seymour Library, Inc.
Donation Form

Name: _____

Address: _____

Phone #: _____

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Date: _____

Donation Amount: \$ _____

Make checks payable to: The Foundation of the Seymour Library, Inc.*

Return to: Foundation of the Seymour Library

161 East Avenue

Brockport, NY 14420

*We are a 501(c)(3) nonprofit organization

Would you like your gift to be anonymous? _____
